DOCUMENT RESUME

ED 450 891 PS 029 233

AUTHOR Morgan, Gwen; Elliott, Kim; Beaudette, Christine; Azer, Sheri

TITLE Non-Licensed Forms of Child Care in Homes: Issues and Recommendations for State Support.

INSTITUTION Wheelock Coll., Boston, MA. Center for Career Development in Early Care and Education.

PUB DATE 2000-00-00
NOTE 23p.
PUB TYPE Reports - Descriptive (141)
EDRS PRICE EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Child Caregivers; *Day Care; Definitions; Early Childhood Education; *Family Day Care; Program Descriptions; *Public Policy; State Regulation
IDENTIFIERS Caregiver Qualifications; Caregiver Training; *Day Care Licensing; *Day Care Quality; Day Care Regulations

ABSTRACT

Noting the increased interest of states in exploring how they can provide supports to informal child-care providers to improve the quality of care and education that children receive, this report discusses quality initiatives, licensing issues, training, and monitoring of various forms of non-licensed family child care. The types of care considered are: (1) relative care; (2) kith care, care provided by non-family members who are considered "family"; (3) care by friends; (4) care by neighbors; (5) in-home care by au pairs, nannies, housekeepers, or maids; and (6) family child-care homes that are licensed in some states but unlicensed in others due to differences in states' threshold definitions of family child care. Part 1 of the paper discusses the importance of common definitions of family child care to facilitate research and policy making. Part 2 summarizes state licensing regulations and exemptions, and examines how states' policies for family child care result in defining what is not licensed. Section 3 describes the different forms of care in homes that are not regulated by licensing and suggests ways that states can support each form of care. Section 4 offers eight recommendations for needed policy reforms. Appendix A provides an overview of exemptions to licensing policies for the 13 states in which the definition of family child care covers the care of just one child. Appendix B presents a continuum of types of training that are appropriate for the different kinds of caregivers in each form of care. Contains 14 references. (KB)

Reproductions supplied by EDRS are the best that can be made
from the original document.

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED 450 891

Non-Licensed Forms of Child Care in Homes: Issues and Recommendations for State Support

Gwen Morgan, Kim Elliott, Christine Beaudette, and Sheri Azer
Wheelock College Center for Career Development in Early Care and Education

I. Introduction

In 2001, child care that takes place in the homes of caregivers is a topic of strong policy interest. States have been funding these forms of care in their Aid to Families with Dependent Children (AFDC) policies for some time. With welfare reform, the Temporary Assistance for Needy Families (TANF) dollars spent on child care have dramatically increased, and the legal emphasis on parent choice has become even stronger. States are interested in exploring how they can provide supports to these care providers and help them to improve the quality of the care and education that children receive. In addition, states want to avoid liability when they cannot rely on licensing to maintain a basic level of quality.

Many early care and education researchers and policy-makers divide family child care into two categories: licensed, *formal family child care* and unlicensed, *informal care*. In reality, there is no such thing as informal family child care. Instead, six very different forms of unlicensed care are lumped together under the term informal care:

1. Relative (or "Kin") care
2. Kith care
3. Care by friends
4. Care by neighbors
5. In-home care
6. Family child care homes that are licensed in some states but are unlicensed in other states due to variations in states' threshold definitions of family child care (see page four).

Grouping these kinds of care together under one name clouds the unique nature and demands of each form and undermines quality care. As we discuss quality initiatives, licensing issues, and monitoring, the distinctions between these forms of care are important. The appropriate monitoring system, and successful strategies to support quality for children in care, will be different for each form of care.

In this brief, we intend to differentiate among these six categories to avoid the distortion that is caused when they are all identified as informal care. We refer to each form of care separately whenever possible. When it is necessary to refer to all six forms of unlicensed care, we use the term *forms of care in homes that are not regulated by licensing*. In administrative documents and statutes it would be better to avoid this term in favor of more precise categories.

ED 029233

BEST COPY AVAILABLE

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY
S. Azer
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
2B

In Section II, we summarize state licensing regulations and exemptions and examine how states' policies for family child care result in defining what is not licensed. In Section III, we describe the different forms of care in homes that are not regulated by licensing and suggest ways that states can support each form of care. In Section IV, we offer some recommendations for needed policy reforms.

Formal and Informal Terminology that Muddies Policy Waters

When applied to forms of care in homes that are not regulated by licensing, the label *informal* has confusing overtones of judgment that trigger different attitudes. And, it has led some policy-makers to make dangerously incorrect assumptions:

- Relative care has been included under the informal care umbrella, and many parents prefer relative care. As a result, some policy-makers believe that there is a single form of care called informal that is cheaper, higher in quality, and preferred by parents over licensed centers and homes.
- Some policy-makers believe that all low-income parents have access to some form of care that is equal in value to care by a family member, even if they do not have relatives able and willing to provide that kind of care.
- Some policy-makers conclude that if unlicensed family child care is better than licensed child care or preferred by parents, then there is no reason to license it, and in fact the licensing itself might lead to lowering quality.

The use of the term informal as a programmatic category has, therefore, undermined licensed care and inhibited the development of a supportive federal leadership role.

The term *formal* may trigger attitudes about institutional care and a desire to de-institutionalize centers. Formal care may suggest an image of formal skill instruction by teachers in classrooms as superior or inferior to the responsive, spontaneous teaching that is offered by teachers who are trained to plan that kind of environment and/or by individuals who intuitively are able to respond to and relate to individual children's learning.

When this terminology finds its way into laws and official documents, states have had

Background

In the 1960's, as more mothers entered the workforce and as young parents moved to locations far from their extended families, home-based forms of parent-supplementary child care began to grow. States began to license certain kinds of home-based care.

In 1972, the federal government implemented the *Models for Day Care Licensing* initiative to help states standardize their licensing policies. The child care advocates and task forces involved in this initiative believed that family child care homes that met the following definitions needed to be licensed:

- *Family child care home*: A service taking place in a home, by a caregiver unrelated to the children, caring for up to six children including her own children under school-age.
- *Group home*: A service taking place in a home, by a caregiver and an assistant, unrelated to the children, caring for between seven and twelve children including their own children under school-age. It was commonly accepted that these homes would accept no more than two infants and toddlers per caregiver, within the total group.

These definitions were commonly accepted for policy purposes. But, after 1972, the federal government retreated from the convening and leadership role it assumed with the *Models for Day Care Licensing* initiative. Funds specific to improving licensing disappeared from the federal budget.

Licensing has always been a state responsibility. However, without a federal supportive role licensing policies developed very separately. As states began to implement the task force's recommendations, each developed its own definition of what home-based services would be licensed and what would not be licensed. Morgan and Azer (2000) found that states' definitions of family child care vary so greatly that it is impossible to use them as a basis for comparative studies of family child care regulations.

A Step Toward Clarity and Quality

Researchers should work to come to consensus on a national, shared definition of *family child care* to facilitate research and policy-making.

As licensing definitions grew more varied, categories of non-licensed care resulted. Public policy concerning non-licensed care is just as confusing and erratic as policy on licensed care, because they are inseparably related. It is impossible to understand the non-licensed forms of care without understanding the states' policies on what they license.

II. State Licensing Definitions and Exemptions

Any examination of forms of care in homes that are not regulated by licensing lacks context unless it is clear what the states' licensing policies are, how they evolved, and why states have made the decisions they have made.

The name people give a type of home-based care, their attitudes toward it, and the findings about it, vary depending on the state's definitions of family child care. All six forms of care discussed in this paper could be considered to be illegal forms of family child care in some states.

Other publications from the National Association of Regulatory Agencies (NARA) and from Wheelock's Center have additional information about licensing. In this section, we include only the necessary information for understanding what is not licensed in the context of what is licensed. We do not present a full discussion of the reasons for exemptions, nor do we provide an assessment of the risks to children that may result from exemptions.

Where you stand depends on where you sit. States define family child care in their licensing statutes in two ways: by specifying the number of children that a person cares for in order to be considered a family child care provider, called a *threshold* definition, and by specifying exemptions. These definitions and exemptions are made in the licensing statutes and may be summarized in the licensing rules. Chart 1.1 below presents the relevant parameters of the state threshold definitions.

Chart 1.1

Threshold of Licensed Family Child Care - November 2000
(chart excerpted from Morgan & Azer, 2000)

1 Child	2 Children	3 Children	4 Children	5 Children	6 Children	7 Children	13 Children	Not Licensed
Alabama	California*	Georgia	Illinois	Alaska	Arkansas	Iowa	South	Idaho
Arizona	Colorado*	Hawaii	Kentucky	Missouri	Indiana	Ohio	Dakota	Louisiana
Connecticut	Florida*	Maine	Nebraska	Nevada	Mississippi			New Jersey
Delaware	South	Montana	New	New Mexico	Virginia			
District of	Carolina*	New York	Hampshire	North				
Columbia		New York	Oregon*	Dakota				
Kansas		City	Pennsylvania	Tennessee				
Maryland		North	Rhode Island	Utah				
Massachusetts		Carolina	West					
Michigan		Vermont*	Virginia					
Minnesota		Wyoming	Wisconsin					
Oklahoma								
Texas								
Washington								
13 states	4 states	9 states	9 states	7 states	4 states	2 states	1 state	3 states

*Note: These states exclude child care that is provided for the children of only one family. Vermont excludes child care that is provided to one or two families.

States vary in whether they define licensable care as limited to paid care or not. They differ on whether they consider family child care to take place in a home or not. In the 13 states that define family child care as caring for one or more children, all care by friends, neighbors, or relatives needs to be licensed unless specifically mentioned as an exemption, or defined as not family child care. Among these 13 states, even though one child in care would constitute family child care, there is considerable variation. Three states use compensation to define family child care, four specifically do not, and five do not mention compensation. Three states mention friends, and three mention neighbors.

Any provider who receives a subsidy must meet some kind of health and safety home standards, probably by an inspection, in order to get paid. Three states (Idaho, Louisiana, and New Jersey) do not license family child care at all. All of their home-based providers could be non-licensed, unless the state requires that subsidized programs get a license. One of the states, New Jersey, has an extensive *voluntary license*, but it is not really a permission to operate because a person can provide family child care even without the license. The state asks any provider with more than five children to participate in the voluntary registration or to remove some of the children from her home. A home could receive subsidy without registering, but would receive a far lower rate of subsidy.

Exemptions

License exempt care is not a single form of care. There are a variety of exemptions to licensure for both home-based and center-based care. Exemptions vary based on what a state decides to regulate. At least 20 states don't regulate nursery schools or other part-day programs; some states have exemptions for religious organizations. Some states license exempt programs that are regulated by the funding source (Head Start). Exempt centers are not the focus of current discussions about "harm to children in informal types of care," but they are part of the confusion of policies as we move toward a system with more subsidies for more forms of care.

Some states specify exemptions in order to be clear about what they consider family care to be. There is general agreement in most states that they do not license as family child care:

- parents caring for their own children;
- relatives caring for only related children;
- foster parents caring only for foster children;
- care provided only while parents are on the premises; and
- care that is not regularly scheduled or is offered for only a few hours a week.

In the 13 states where the definition of family child care covers the care of just one child, any neighbors or kith need to be defined as exempt from licensing, or defined as something other than family child care, in order to operate legally. Fourteen states have a high threshold number of children in their licensing definitions, five or more children. Again, in these states, homes with a large number of children are not more informal or more neighborly than homes in other states that are licensed as family child care. An overview of exemptions to licensing policies in the 13 states where the definition of family child care covers the care of just one child appears in Appendix A on page 20.

III. Forms of Care in Homes that Are Not Regulated by Licensing

In this section, we describe the six forms of care in homes that are not currently regulated by licensing. For each form of care, we suggest some ways that states might support quality improvements. In Appendix B on page 21, we include a continuum of types of training that are appropriate for the different kinds of caregivers in each form of care.

1. Relative Care

Relatives care for children either in children's homes or in their own homes. Some relative caregivers may also take in other children. If a grandmother did this, her grandchild would be in relative care, just as the child of a family child care provider is in parental care. Depending on the state, and unless there is some other category of non-relatives caring for children, this grandmother would then be functioning as a family child care provider, licensed or unlicensed, for the children to whom she is not related.

It is expensive for a state to decide to pay for relative care, since in the long run the magnitude of the number who are currently providing the service for a low payment may shift from a primarily unmonetized or low monetized service to a fully subsidized one. If that happened, major percentages of the limited funds available to subsidize child care for low-income families would then go to families who are blessed with relatives, potentially reducing the help available to families who have no relatives available.

The states have made a beginning on this process, based on a commitment in federal guidelines and interpretation of law to supporting parent choice. For a long time, this legal trend included strong federal resistance to any application of government standards to care chosen by parents. The Congress

reversed, or at least slowed, that trend when it mandated the application of health and safety standards to all non-licensed care subsidized under the Child Care and Development Block Grant (CCDBG).

Most states only regulate relative care if it is funded, in which case a state has the right to place restrictions or specifications on what it wants to buy. Federal pressure to prohibit applying standards have subsided somewhat. However, the standards that now must be applied under the Child Care Development Fund (CCDF) are limited to health and safety. The governmental view of health and safety is quite narrowly restricted to prevention of physical harm without including such threats to health and safety as the risk of developmental impairment.

Advocates, and to some extent the federal government, have pressured states to cover all these types of care through licensing. Licensing, however, is not the most appropriate regulatory means for two reasons. One, licensing applies to all services used by all families, not just to those using subsidy. State legislatures are reluctant to intervene in the private lives of all citizens. Second, licensing is a strong and powerful intervention that uses police powers. The licensing law says that the care cannot be provided at all unless it meets standards. Legislators are reluctant to use police powers to intrude into family life. It is not likely that state legislators will decide to regulate all relatives, any more than they will decide to regulate all parents. Legislatures and the public support strong laws using state police powers to protect children from harm when they are out of their own families, but are unlikely to use these powers to interfere in family functioning. It is appropriate to apply fiscal standards to subsidized care, but use of police powers through licensing is not likely.

A handful of states report that they license relative care, but no study has looked into how they implement that policy. Given the huge numbers of relatives caring for children, it is hard to imagine a state committing resources to visiting all those caregivers. Such licensing is probably limited to subsidized care, relying on contractual agreements rather than police powers, and is therefore not licensing in the legal sense that most states use the term. Many who press for licensing are probably not aware that states can easily apply standards to any form of care that they purchase. In a purchase agreement, including vouchers, the state has a right to spell out its conditions for funding, such as child immunization, fire safety, criminal records checks, and first aid training, along with its rules to prevent fraud. The challenge for them is to develop a system of monitoring such agreements.

Implications for Supports for Relative Care

- **Monitoring Systems**

States will need monitoring systems to prevent fraud because of the sheer size of this category of care. If states carelessly set up systems that can be used by unscrupulous individuals to divert taxpayer dollars away from the needs of children, the repercussions of the inevitable scandals will hurt the state's program, the public's view of child care, and the quality of the system as a whole. In addition to systems to prevent fraud, criminal records checks and application of health and safety rules are appropriate in this or any other form of subsidized care.

- **Training**

Appendix B on page 21 includes a chart that shows a continuum of types of training that are appropriate for different groups. Many relatives will not intend to become early childhood professionals and may not need intensive and specialized training. These caregivers would benefit from training geared to relatives and kith; they would like kits, newsletters, activities for children, and discussions of ways to handle family tensions. They would be comfortable in a group that shares their commitment to family and understands the sacrifices and the stresses involved. The training offered to these relatives will be close to the parent training end of the continuum between family education and professional education, with additional emphasis on health, safety, and nutrition. On the other hand, some relatives may want to take in non-related children and become family child care providers. These individuals should be offered the opportunity to participate in existing training programs already created for this purpose. The kind of training they will need will be closer to the professional education end of the continuum.

- **Forms of Support Identified by Relatives**

Porter and Rice (2000) cite a study in Delaware that surveyed by mail and interviewed by telephone over 100 relatives who were receiving subsidies to care for children. Survey respondents stated that they needed the following kinds of supports:

- training outside the home in specific topic areas (40% relative caregivers);
- home visits to receive toys and materials (25% of the relative caregivers).

Only five of the respondents wanted to join a group. None wanted home visits that focused on activities.

In another state, child care resource and referral agencies (CCR&Rs) surveyed relative and neighbor care providers to determine what supports they might want.[1] These types of care comprised between 20% of the caseload to over 50%, depending on the area. Of these, relative care comprised between 59% to 77% of the combined relative and neighbor care caseload. Most of the related caregivers were grandparents. Some of the providers of care who were surveyed did not want any supports. In those areas that surveyed caregivers and got responses, the following kinds of supports were viewed positively:

Support	Grandparents	Other Relatives	Non Relatives
Curriculum Kit	25	12	17
Smoke Detector	15	13	14
CPR Training	20	13	15

For family child care providers who also care for a relative's child, there may well be overlapping needs. As family child care providers, they need help with licensing issues, the support of training to help them advance in their careers, and hot line help with issues that arise. As relatives, they may need help in managing the delicate relationships between relatives who care for children and the parents of the children, such as tip sheets, hot lines, and consultation.

[1]Unpublished data from 1996 surveys of relative and neighbor care by Massachusetts child care resource and referral agencies.

Needs for Special Kinds of Supports for Relative Care

Relationships between parents and caregivers who are relatives or friends can become strained. As described by Porter and Rice (2000),

> It is a cruel paradox that the close bonds between kith and kin caregivers and parents may actually be the cause of conflict. This is because role boundaries are blurred: the grandmother is also her daughter's employee, the parent's friend is also the child's disciplinarian. If these conflicting roles have not been openly acknowledged and worked out prior to entering into the caregiving arrangement, and the expectations that parents and caregivers have of one another have not been mutually negotiated and clearly articulated, confusion and resentment occur.

Some of the solutions that family child care providers have devised—writing formal contracts, adopting businesslike policies, and taking assertiveness training—may not work for relatives. Tip sheets on managing these relationships are helpful to both relatives and the parents. For example, one tip sheet, developed for the American Business Collaboration, is called "When a Relative Takes Care of Your Child: How to Keep Everyone Happy" (Ceridian). Some of its content is quoted below as an example of tone and wording that fits the type of care:

> If a relative is taking care of your child, you're lucky! You've already found someone you can trust and someone who cares about and loves your child! Here are a few ideas from other parents that you may be able to use to help make this good arrangement work even better.

Some of the tips that are then elaborated in this tip sheet are:

> Let your relative know exactly what she can expect. Take a little time to trade information. Bring your relative the toys and equipment that will keep your child happy and comfortable. Work together to help make your relative's home a safe place. Remember to think about backup care. Think about what you can do for your relative in return. If you and your relative disagree about something, try to talk about it right away. Remember, your relative won't do everything your way. Show your appreciation often.

Some agencies have employed staff with skills in helping resolve conflicts, and some have set up hot lines for the purpose.

2. Kith Care

The term *kith* is an archaic word that is not popularly used except in the phrase *kith and kin.* In its original use, the term meant a person's circle of relatives and acquaintances—the entire village that it takes to raise a child. In this country several generations ago, it was used to indicate those close, supportive members of an extended family or village who were either related by blood or human ties. In those days, both kith and kin had a lifelong relationship with a child.

Using the word in its older sense, this type of care is close to relative care. Like relatives, these relatives by ties but not blood deserve to be celebrated for their support of a family and respected for foregoing pursuit of their own careers. In the case of relative care and true kith care, parents entrust their child not only to someone who they know shares their values, but also to someone who they know loves the child.

Today, researchers use the term kith more broadly to include *neighbors* or *friends*. The categories of friend and neighbor are very vague when used to make a legal distinction between what forms of care should and should not be licensed. These broader definitions need to be made very clear. Otherwise, how can we distinguish which neighbors are kith? How can we determine whether all neighbors or all acquaintances are neighbors or friends in the original sense of the word kith? Is someone who provides care 20 miles from a family's house, and was not known to the parents before beginning to provide the care, a neighbor? Is someone a friend, and exempt from licensing, who became very close to the parent after starting to provide care for the family? These two categories will be described below.

Implications for Supports for Kith Care

As with relatives, it is insulting to assume kith caregivers must become professional caregivers in order to make a major contribution to a child's development. In fact, relatives and kith may be gratified to know that research in brain development is increasingly finding that all forms of development, including cognitive development, are based on relationships (Shonkoff & Phillips, 2000). Kith, in its purest sense, would be a subset under relative care. Kith caregivers would benefit from the kinds of support for relative caregivers described above.

3. Care by Friends

Most licensed family child care providers become friends of the parents who use their services, and this friendship may be a lasting one, to the benefit of the child. Yet, in some states *friends* are exempt from licensing. They are not kith in the traditional sense of a lifelong commitment, although it is very common for family child care providers to continue their relationship with a child after the time the care was provided. States that exempt friends from licensing, or do not define care by friends as family child care, probably need a better definition of the term. Otherwise, almost any provider of care will be exempt on the basis of friendship. Policy-makers should carefully consider what characteristics separate care by friends from family child care that is or should be subject to licensing regulations. Most licensed family child care providers would believe that care by friends is not different from family child care.

4. Care by Neighbors

A *neighbor* caregiver can be a total stranger or someone a parent has known for years. The term is not defined clearly when it is mentioned in statutes. Some states consider a caregiver at a great distance from a family's home to be a neighbor, even though the word itself has some connotations of geographic closeness. In a few states, neighbors are not regulated as family child care. As in the case of care by friends, policy-makers should carefully consider what characteristics separate care by neighbors from family child care that is or should be subject to licensing regulations.

Supports for Friends or Neighbors

Some friends or neighbors may be interested in professional training to become licensed providers, especially if a state has made their exemption from licensing very broad (such atypical exemptions may place children at risk). Those that are caring for a child because of a relationship with the family, and are not holding themselves out in the community as accepting other children, will be closer to the parent end of the continuum. They may be interested in training but may not want to pursue a career in the field (see Appendix B on page 21).

In states that do not license friends or neighbors, a proportion of these caregivers will be interested in home safety kits, newsletters, toy lending, bilingual support, meetings on special topics, and mini-grants. Depending on state policies and licensing definitions, friends and neighbors may not be as well known to parents as are relatives. Criminal records checks and building safety rules may be especially important for these categories.

5. In-Home Care

This term refers to care of a child in the child's own home. According to Census data, in-home care is a very small category and serves about 8% of all parents in the general population and a little more than that at high-income levels (Caspar, 1996). It includes au pairs (young caregivers who live with the family, and care for children, usually for a limited period of time), nannies (individuals with specialized training in care and education who care for the children of just one family in their home), housekeepers and maids (individuals who combine child care and other household chores).

In-home care providers are covered by the minimum wage and are financially beyond the reach of many parents. All states use in-home care in the subsidy system, some more than others. It is unclear whether parents are paying social security and the minimum wage if their income is at or below the median.

National data on the use of in-home care is weak pending access to analysis of 2000 Census data. However, a few states have discovered an increase in use of this form of care among the "gap group" (i.e., those above poverty but below the median income).[2] Changes in the use of in-home care will be better understood when new Census data for 2000 are published.

For families who can afford the price, full-time in-home care can offer security that the hours are covered and that the child is in his or her own home. Highly paid professional couples prefer this form of care because of its flexibility. They may hire caregivers from other countries to provide it. On the other hand, in-home care usually has very high turnover and, contrary to popular assumptions, it is not the safest type of care. Further, it demands that parents act as employers responsible for the health and mental health of employees.

---

[2]According to researcher Bobbie Webber, 8.2% of the children of families in Oregon earning under $25,000 received care in the child's own home.

While there have been some long-lasting, excellent in-home arrangements, parents must investigate potential caregivers fully. States should have safeguards about the use of in-home care because it is hard to monitor, has high turnover, presents massive opportunities for fraud, and presents more quality risks than parents expect. Further, the use of in-home care must not exploit and underpay caregivers, particularly those from other countries who may be isolated and helpless.

Supports for In-home Care

Unlike relative care, in-home care is a form of market care that parents must find in or bring to their communities. We need to think differently about in-home care, as we determine what fiscal standards should apply to it, what monitoring systems are needed, and what supports should be offered to improve it. There is very little data on how safe children are in in-home care. States could help working parents by providing safeguards such as criminal records checks of in-home providers, regulation of agencies, written material for parents on selection of in-home providers, and tax information.

"Shared Care"

Sometimes, a group of newcomer immigrant families make an arrangement in which one of them cares for children so that the parents can earn incomes to support their families. This arrangement may be fairly common in some cultural groups, particularly those with a tradition of extended families.

In the past, this type of arrangement—common among middle-class families—was called "shared care" or "parent cooperative care." As middle class parents are increasingly employed full-time, the amount of "shared care" among them is less. However it continues to deserve attention, possibly as a separate category because it is quite different from care in which one family employs a stranger, or an agency, to come into their home to care for the children who live there.

In many states, this form of care may be considered in-home care by licensors because newcomer immigrant groups who are very poor may live in the same household. In other states, this form of care might be licensed as family

Some in-home care providers might want to become professionals in the child care field. They might be eager to participate in nanny training programs or training programs geared to future careers in family child care or center-based care. They might be enthusiastic about newsletters and kits. Other in-home care providers might need English language classes to help them adapt to life in this country and protect themselves from exploitation. Still others might value classes in child care offered in their own language. If in-home care providers are interested in meetings, they may especially value the opportunity to connect with colleagues; their work is isolating and parents are not always able or willing to take responsibility for their social lives.

6. Family Child Care that is Exempt from Licensing Due to States' Definitions

As discussed above, current state policies deem that relative and kith care, care by friends and neighbors, and in-home care are not family child care. Do these categories, once defined, account for all homes that are not licensed? After all of these forms of care are subtracted, do a substantial number of homes that should be licensed remain? Supports for providers that are not relatives, kith, neighbors, or friends might be much closer to the supports offered to providers of licensed care. These unlicensed providers might be helped to become licensed or might be trained for future careers in the field.

Many states require that homes that are exempt from licensing become licensed when they provide care to federal and/or state subsidized children. This policy is likely to apply to relatives, friends, neighbors, and kith. However, the policy may exclude some providers, and states should be clear on whether they wish to make these exclusions. There are many unlicensed family child care providers that could not be licensed, usually because their homes do not meet fire safety standards set for licensing child care. For example, those who live in some housing projects may not have two exits from the same level, but many states' fire safety codes require two exits from each level for family child care. States wishing to protect children in non-licensed family child care might require that homes meet standards for general occupancy, thus denying subsidy to those in substandard housing, but not creating an insurmountable obstacle to parent choice. This is, of course, a controversial issue. We raise the point here only to suggest that states should develop their policies intentionally rather than inadvertently.

Homes are also not licensed if providers have criminal records or founded child abuse/neglect records. If these homes meet the licensing definition but cannot be licensed, they would be operating illegally if they care for children. Most states, concerned about liability, will not want to use such homes and the public would agree. States are refining their criminal records requirements in a variety of ways. Many states limit the records search to crimes of violence or crimes against children rather than searching all records. Some states permit programs to employ individuals who have a criminal record in the past, but no arrests for several years. Some states will pay for care given by a person with a criminal record if the parents provide a waiver statement. States have begun to search juvenile records, to identify family child care providers with household members who have juvenile records of crimes that are potentially threatening to the safety of children. Many states also require child abuse and neglect clearances for other adult and teenage members of the provider's household.

Policy-makers need to balance the need to protect children with the need to support parent choice. They can do so by strengthening their efforts to discourage use of care by those who have committed specific offenses and giving parents the right to choose providers whose offenses are not serious or related to children.

Again, we raise this issue not to make a recommendation but to suggest that states develop policies by intention rather than by default. States are now dealing with these issues, but there is little study of these developing policies. More knowledge of what the states are doing will help to guide future policy.

Implications for Supports for Non-Licensed Family Child Care

As defined in research, the informal category has included homes that are the same as family child care homes that are regulated in other states. For some states, licensing may be the best support. These homes take fewer children or are exempt from licensing for some reason stated in the statute. Some of the caregivers may be interested in family child care as a future occupation and would want to be included in training programs already set up for the "formal" family child care providers.
Some of these caregivers may not want to be licensed, but they may want to take more children. Ordinarily, it is not possible to earn a living caring for a very small number of children (Bowie, 1999). In this category, the type of help will vary by the state definition of family child care. In the state of Washington, for example, where the care of one child in the provider's home is defined as family child care, the way to help would be to support the provider's becoming licensed, since that is required by

the state. Other supports would also be offered at the same time. Another way to help would be to explain the statute if there is an exemption spelled out as part of the definition.

In the state of Oregon, on the other hand, the statutory definition of family child care is the care of four or more children. In this state, the way to provide supportive help would be to make it clear to the provider the point at which she would need to become licensed (i.e., when she enrolls a fourth child). The helper would assist the provider to determine whether she wants to continue to care for three or fewer children or whether she wants to become licensed in order to take more children.

As another example, in the state of Massachusetts, the helper would explain to the provider that arrangements between friends and neighbors are not required to be licensed. However, the provider could not advertise (i.e., hold herself out to the public as providing a service), and could not enroll additional children, unless she becomes licensed.

New family child care providers often begin with just a few children and enroll more when they become known in the community. Thus, it is essential to separate out which family child care providers are new and expect to take more children in the future; which individuals are doing it for the sake of a close relationship; and which caregivers simply do not want to take more than a few children. Once that is done, the appropriate help could be offered to each type differently. Some new providers may not have decided what they want to do, and giving them information will be as important as getting information from them.

A screening questionnaire[3] should be used to help providers of forms of care in homes that are not regulated by licensing to decide if they want a career in child care, in order to avoid giving inappropriate training. Such a questionnaire, sensitively written, is helpful to any individual who is contemplating whether to become a family child care provider.

Regardless of size or licensing status, family child care providers who view themselves as professionals have a range of different ways of looking at their services for children (Baker & Manfredi-Pettit, 1998). On a continuum, these self-models range between the *good parent* model and the *little school* model. In the continuum of early childhood training models shown in Appendix B on page 21, the good parent model for family child care is closer to the parent training end of the continuum, while the little school model is closer to the professional educator in the classroom end of the continuum. One model is not necessarily better than the other, and they are not mutually exclusive. Louise Child Care Center, a training agency based in Pittsburgh, Pennsylvania, has offered providers the opportunity to select which type of emphasis they prefer in their training. The agency offered two separate training series for family child care, one based on research findings in child development in group care for children and the other based on research findings on what is known of good parenting.

States' Support for Quality

[3]A screening questionnaire is included in a family child care training program created by Modigliani, K., Morgan, G., and Pagliasotti, J. for Work/Family Directions in 1995.

We have mentioned some ideas of appropriate supports for each form of care. While training might be appropriate for providers of all the forms of care, it would not be appropriate to offer them all the same training. Supports need to respect the different needs of caregivers. Those who are close to the good parent end of the continuum are very interested in child development, but not in careers in child care. Those at the more classroom-oriented end of the continuum may want to know a lot about their future career opportunities and how to plan for career advancement.

Providers' choice of training is often related to how training is described and presented. Marketing techniques used to advertise training need to highlight those aspects that participants perceive to be valuable. Frequently, relatives and kith select training with a focus on child development (including health, safety, nutrition, and responsive relationships) if it is presented in a culturally responsive environment and made convenient for them and if food, child care, and other supports are provided at the training site and described. It is not only the type of training, and the perspective of the others in the group, that determines whether a non-regulated care provider responds to a training opportunity but also whether the provider can manage it in their lives at the time.

Studies have asked providers of different forms of care that are not regulated by licensing to describe the kinds of support they need. The items that appear on the top of page 15 emerged from these studies, from focus groups, and from the experiences of projects.[4]

Materials	Training	Supports	Information
☑Materials and activities to use to support children's cognitive development, such as books, toys, puzzles, and games (almost	☑Business training (relates to becoming family child care licensed) ☑Group training in	☑Support groups (few providers wanted) ☑Access to community services ☑Home visits (not wanted by most caregivers, unless associated with	☑Information about professional training to become a teacher, how to be licensed as a family child care home,

[4]Rhode Island Study of Relative Care; Massachusetts Child Care Resource and Referral surveys of relative and in-home providers; focus groups and sources of information on Cornell Cooperative Extension's kith and kin project; Child Care and Family Support Partnership in New York City; California Kith and Kin Project (San Mateo Child Care Coordinating Council and Salinas Adult School); Circles of Caring of the California Child Care Resource and Referral Network in Los Angeles; Arizona Kith and Kin Project; Pittsburgh YWCA Child Care Partnerships Relative/Neighbor Care Program; Daytona Beach Child Care Resource Network's Caring for Kids Program; Family and Workplace Connection Relative Caregiver Support Project in Delaware; Greater Minneapolis Day Care Association/Minnesota Child Care Resource and Referral Network. See also Porter, T. and Rice, L. (2000). *Lessons learned: Strategies for working with kith and kin caregivers*. New York: Bank Street College.

BEST COPY AVAILABLE

all providers wanted) ☑First Aid kits ☑Home Safety kits ☑Tip sheets for parents and relatives on how to manage the relationships ☑Materials translated into the providers' languages ☑Mini-grants for equipment and toys ☑Newsletters specific to the issues raised by providers ☑Activity Kits	how they can help children learn (many providers wanted) ☑Bilingual training	incentives like materials and kits) ☑Transportation or mileage to meetings, child care, snacks, and raffle prizes ☑Trained staff to facilitate parent/caregiver relationships ☑Community residents hired to work with providers in their languages ☑Community collaborations ☑Integration of services ☑Access to Head Start comprehensive services ☑Resource Van ☑Mentoring ☑Technical assistance ☑Special Events	and information about accreditation (some, but not the majority wanted this information, but very few relatives)

In general, according to focus group discussions and principles of adult education, most caregivers stated that they prefer opportunities to share information and learn from each other rather than formal training (Porter & Rice, 2000). They want information that is relevant and meets their needs. They want to be able to draw on their own experiences and have immediate opportunities to use their new knowledge. They want continuing personal contact with those who have joined projects and with potential participants (Porter & Rice, 2000; Modigliani, 1998).[5]

Using residents of the community in leadership roles in the project works to bring credibility to support projects and links participants with other community services. For example, Circles of Caring employed "promoturas" from their own community who were trained to make home visits. They were able to link the caregivers to other community services (Porter & Rice, 2000).

The information provided above includes some basic ideas to support caregivers. However, as stated earlier, it is impossible to assume that the different kinds of caregivers in the six forms of care that are not regulated by licensing will all need the same resources. The kind of support, the degree to which the support is desired, and the manner in which support is given should vary with the kind of caregiver as well as with the individual.

Extent to Which Non-regulated Care is a Permanent or Temporary Child Care Solution and Implications for State Support

All of these non-regulated forms of care have high turnover, although ongoing tracking data is not consistently gathered. That is to be expected, since those who seek licenses intentionally commit themselves to at least a few years of work in the field, regardless of whether they remain that long. We do not have any data on whether the turnover in relatives, friends, or neighbors, is intentional on the part of parents. Do parents make temporary arrangements with relatives, friends, or neighbors expecting to adopt more stable arrangements at a later date? This is an important question that needs further study. Studies have looked at the stability of child care arrangements, but not at the intention of the parent using the type of care (Witt, Queralt, & Witte, 1999).

[5]Note that providers cited in Porter and Rice (2000) express the same views that family child care providers articulate in Modigliani (1998).

BEST COPY AVAILABLE

Given the procedures used by many welfare agencies, it is plausible that parents, under pressure to name relatives or neighbors who can care for their children while they are involved in job training, may make temporary arrangements. Later, when they find that they are going to work full-time, they may turn to more stable arrangements. Anecdotal information from CCR&Rs indicates that parents who call CCR&Rs often have temporary arrangements but are seeking licensed centers and homes in order to accept more stable jobs.

If parents are making short-term arrangements, they would benefit from CCR&R help when they are ready to secure a longer-term child care solution to support stable employment. We need to find out parents' intentions about the expected length of the arrangement before we can time our help most effectively.

The shortness of the arrangement may be by agreement with the parent, particularly in the case of relative care. Certainly, relative care has long-term continuity of relationships, but the commitment to care is often short-term. On the other hand, arrangements may change frequently for other reasons. For example, providers may not realize what they are getting into (Perrault, 1986). They may not be able to support themselves on what they can earn by caring for so few children, or may prefer to move in and out of short-term job opportunities rather than making a commitment to a long-term job. States need to take these factors into account as they consider what supports to offer and when to offer them.

IV. Conclusion

To improve the quality of care for children, states must reassess their threshold licensing definitions and tighten them where needed. It should be very clear when a type of care should be licensed; benign, unintentional loopholes fail to protect children from risks of harm. The method of licensing used should be supportive, non-bureaucratic, and capacity-building. Licensors should themselves have knowledge of home-based care. Licensors should be ethnically and linguistically diverse, reflecting the population of families they serve.

The Center believes that all early care and education programs in homes should be licensed, except for relatives and very close friends. A case can be made for exempting the care of children of just one family, on the grounds that the provider of the care is the employee of the parent. However, the difficulty and cost of implementing such a policy would be the same whether a provider is exempt as a "friend" or as caring for children of just one family. It would be necessary to investigate all homes providing care, in order to determine whether they are caring for just one family or are a "friend." Either exemption undermines the enforcement of the licensing program by making it difficult for licensors to deal with homes that are caring for unrelated children but have not applied for licenses. Law enforcement that would bring all homes into the licensed supply is completely different from helping homes become licensed and comply with the rules. Few, if any, licensing offices are able to deal with illegal operations. That task is next to impossible when there are many homes that can operate without licenses, and no clear way to find out whether they should apply for licenses.

Researchers and policy-makers must view each of the six forms of care that have been included under the umbrella term "informal care" on its own merits. Policy-makers must assess and address the unique

needs of the providers of each form of care and determine if policy reforms are called for to improve these forms of care. The following are some recommendations to get the ball rolling. These recommendations are based on an assumption that states will want to enhance the quality of the care that children receive when they are in a form of care that is not licensed.

Eight Recommendations for State Support for Forms of Care Not Regulated by Licensing

1. Policy-makers will initially have to ***decide on target populations for support***, which will determine their outreach. A state might choose to include in its support all the licensed family child care providers as well as those that are not licensed. A state can narrowly target its support to the services that are being provided to subsidized children, which will make the task of locating the services much easier. If the intention is to bring help to all non-regulated services, or to all non-regulated services that are used by low-income families, the task of outreach and locating the recipients is much harder than it is to reach out to all the subsidized non-regulated providers of care. A variety of techniques need to be employed: asking churches, housing projects, and organizations that serve new immigrant groups; advertising in publications read by different cultural groups; putting up posters in hospital maternity wings, laundry facilities, and grocery stores; and using materials in different languages.

2. An ***initial screening questionnaire*** might sort out whether an individual wants to make a commitment to a career in child care and is suited to such a career. A self-screen for family child care is an important way to avoid inappropriate turnover among providers who do not realize the seriousness of their commitment and the effects it will have on their own families. It might also identify which individuals have made only a short-term commitment. And, it might separate relatives or kith who deserve to be celebrated for their contributions to their families from non-related individuals.

3. ***Criminal records checks and child abuse/neglect clearances*** are a help to parents, especially for in-home care and non-licensed family child care. In California, the CCR&R network makes criminal records checks on behalf of parents using in-home care and has developed other supports to legal, non-licensed forms of care. Many states now require criminal records checks and/or child abuse/neglect clearances for in-home and non-licensed care that receives public funds. In states where the process is slow, criminal records checks create a barrier to quality. States should assure that the agency responsible for records checking has an adequate budget to complete the volume of work in a timely way.

4. The ***USDA Child and Adult Care Food Program (CACFP)*** has long been a support to centers and to family child care. This program requires someone to visit a family child care home three or four times a year. Several states use CACFP as a support for non-licensed forms of care as demonstration or pilot programs. If states support the home visiting of non-licensed programs, this support offers the opportunity to observe caregiver/child interaction, to talk over parent/caregiver relationships, and to offer a variety of kinds of consultation and assistance as requested by the caregiver.

The sponsoring agencies that administer CACFP in family child care have a strong interest in promoting the licensing of family child care and may view both kith and kin through that lens. Conflicts may emerge between licensed and non-licensed providers if states attempt to use the food program as a support to families using providers who do not aspire to become licensed providers. However, children's health and well-being benefit from the food program in important ways, and the states may find ways to support non-licensed forms of care by extending the food program to include them.

5. In the future, a major way in which government can support providers will be to authorize the use of ***part-day preschool programs*** for children who receive care from relatives, foster parents, or non-licensed child care providers. This change in policy will result in less stress on caregivers and greater readiness for school for the children. In the same way, low-income children urgently need ***access to health and social services***. Several models are emerging in which Head Start offers home visiting and access to its comprehensive services to families participating in TANF services. One example of such a model is the In-Home Partners Program, a collaboration between Cambridge Head Start and Child Care Resource and Referral, Inc., in Cambridge, Massachusetts. Yet another model would be to organize health and social services at the community level that are accessible for low-income children in centers, family child care, Head Start, and any form of child care.

6. States can offer training and support groups to these different categories of caregivers ***but should assure that the training is appropriate to the type of caregiver***. Appendix B on page 21 displays a continuum, a line representing appropriate training from non-professional training that is offered to parents, all the way to advanced professional training. Relative care is similar to parent care because the relationships to children are closer to that of parents to children than they are to professionals caring for other people's children. Few relatives intend to make a career of caring for children, and it is not appropriate to view them as an inadequately trained competitor in the market. An appropriate form of training for relative caregivers would be to group them with other relatives or kith, celebrate their contributions, and offer them the knowledge they say they need.

   As we discussed earlier in this brief, family child care providers and would-be providers have two broad conceptualizations of their work, neither superior to the other. The image of the home provider as a good parent is not the same as the image of the home provider as a little school. Of course, a home provider could encompass both conceptualizations in their work. It is useful for instructors to explore both in their work with providers, and to offer support for both.

7. The ***content of training*** that is currently offered to non-licensed providers may be inappropriate if it does not take into account their differences. For example, some providers may be ready for advanced professional training but, if they are newcomers, their English language skills may be low. Other providers may lack literacy skills in any language. When these groups are combined, training content may need to be offered in another language to the first group and may need to be tied to basic literacy for the second. Common topics needed, and that are especially appropriate for those who intend to become family child care providers, include business training, scheduling management, CPR, and First Aid. Topics that are appropriate to all providers across the forms of care include child development, discipline, home safety, health and nutrition, and working with diverse families. These topics may need to be taught differently, or in different cohorts, when used to support these

very different forms of non-regulated care. Content that needs further development in all forms of care include: family support, parent/caregiver relationships, family culture and values, and brain development.

8. States should tighten their licensing definitions for family child care to be sure they are not creating large loopholes that put children at risk. States can promote neighborliness and support for families not by avoiding licensing, but by strengthening family child care associations and by funding services to parents and providers through neighborhood groups.

References and Related Publications

Baker, A.C. and Manfredi-Pettit, L.A. (1998). *Circle of love: Relationships between parents, providers, and children.* St. Paul, MN: Redleaf Press.

Bowie, P. (1999). *Breakeven analysis for family child care group homes.* Unpublished. Boston, MA: Wheelock College Center for Career Development in Early Care and Education.

Casper, L.M. (1996). *Who's minding our preschoolers?* Washington, DC: United States Commerce Department, Economics and Statistics Administration, Census Bureau.

Child Care Law Center, 1996. *Regulation exempt family child care in the context of publicly subsidized child care: An exploratory study.* San Francisco, CA: author.

Fuller, B. and Kagan, S.L. (2000). *Remember the children: Mothers balance work and child care under welfare reform. Growing up in poverty project 2000; Wave 1 findings--California, Connecticut, Florida.* Berkeley, CA: Graduate School of Education-PACE, University of California.

Galinsky, E., Howes, C. Kontos, S., and Shinn, M. (1994). *The study of children in family child care and relative care: Highlights of findings.* NY: Families and Work Institute.

Modigliani, K., Bromer, J. and Lutton, A. (1998). *Training resources for family child care.* Arlington, MA: Family Child Care Project.

Morgan, G. (1980). Can quality in family day care be achieved through regulation? In *Advances in Early Education and Day Care*, Volume I. NY: Jai Press, Inc.

Morgan, G. and Azer, S.L. (2000). *What's in a name? Family child care definitions.* Boston, MA: Wheelock College Center for Career Development in Early Care and Education.

National Institute of Child Health and Development. (1998). *The NICHD study of early child care, summary 1998.* Bethesda, MD: author.

Perrault, J. (1986). *Study of family child care providers in Atlanta.* Atlanta, GA: Save the Children/Child Care Solutions.

Shonkoff, J. and Phillips, D. (2000). *From neurons to neighborhoods. The science of early childhood development.* Washington, DC: National Academy Press.

UNCO, Inc. (1975).*National child care consumer study.* Prepared under contract #105-74-1407 for Office of Child Development, U.S. DHEW. Arlington, VA: author.

Witt, R., Queralt, M., and Witte, A.D. (2000). *Changes in the availability, quality and price of child care in Massachusetts between 1997 and 1999.* Working Paper 2000-12. Wellesley, MA: Wellesley College, Department of Economics.

Appendix A
Licensing Exemptions in 13 States

	EXEMPTION
AL	Excludes from its definition caregivers related (as defined by the law) to the children. With even one unrelated child, the home is defined as family child care. The state specifically includes in its definition both care provided for gain or otherwise. A day care home is defined as a child care facility which is a family home.
AZ	Has no exemptions for family child care. They would not consider family child care to be licensable unless the care is compensated. They do not mention the location as necessarily a home.
CT	Excludes from licensing "informal arrangements among neighbors or relatives in their own homes." Compensation is not otherwise mentioned.
DC	Exempts informal parent supervised neighborhood playgroups from center licensing. Relatives are identified as exempt.
DE	Regulation is based on an older boarding home statute. Regulated service and exemptions are defined by regulation. All family child care providers caring for one or more children who are compensated are required to be licensed. The only exemption is for care by immediate relatives as defined by regulation.
KS	Spells out its exemption of relatives, "if only children who are related by blood, marriage, or legal adoption to such person are cared for."
MA	Family child care shall not mean a private residence used for an informal cooperative arrangement among neighbors or relatives, or the occasional care of children with or without compensation therefor. Family child care takes place in any private residence, and need not be in the home of the provider of the care.
MD	Defines "family day care home" as the residence (any residence, need not be the residence of the provider of care) in which child care is given. Exempts relatives from licensing. Providers are exempt only if related to every child in care. Exempts "a friend of each child's parents or legal guardians," but only if the care is provided on an irregular basis and is fewer than 20 hours a month. Foster care is not licensed as family child care. Family child care providers are defined as only those caregivers who are paid in cash or in kind.
MI	Excludes caring for children related to an adult member of the family by blood, marriage, or adoption. The definition covers all family child care homes that give care for more than four weeks during a calendar year. The care takes place in a "private home."
MN	Relatives are exempt from licensing. With regard to the relative exemption, providers are exempt if related to every child in care. Minnesota excludes child care that is provided by an unrelated person to children from a single related family. Minnesota excludes from the requirement of licensure child care provided for a cumulative total of fewer than 30 days in any twelve-month period.
OK	Exempts care provided in child's own home or by relatives. Also exempts informal arrangements that parents make with friends or relatives for occasional care of their children.
TX	Exempts family homes that provide care exclusively for any number of children who are related to the caregiver. "Related" is defined as children who are the children, grandchildren, siblings, great-grandchildren, first cousins, nieces, or nephews of the caretaker, whether by affinity or cosanguinity or as the result of a relationship created by court degree.
WA	Washington exempts persons who care for a neighbor's or friend's child or children, with or without compensation. This state statute defines friend as: "someone with whom the care provider had a personal relationship prior to the time care was sought, offered or provided." The statute also defines "neighbor" to mean a person with whom the care provider has relationship by virtue to living in close proximity to the person." Neighbors and friends are exempt only if the care is not conducted on an ongoing regularly scheduled basis. "Ongoing" means for a number of consecutive weeks or months, or there is no specific time frame for ending child care. "Regularly scheduled" means the child comes at usually planned times and/or days and/or the provider makes her/himself available to provide care at fixed or planned intervals. The family child care provider is "engaging in business" which excludes those providing care for only one family of children or those whose earnings from child care will not exceed $1000 in any one year.

BEST COPY AVAILABLE

Appendix B

Continuum of Early Care/Education Training[6]

Training for parents in care for own children

Training for teachers and caregivers of other people's children

Non-professional Training		Training/Education for Professional Roles			
Parenting Training	Relatives and kith training	Entry-level for center or home-based assisting roles	Family child Care model of "good parent"	Family child care model of "little school"	Advanced professional training for early childhood teachers/ caregivers, group leaders

On this continuum of early childhood training models, the "good parent" model for family child care is closer to the parent training end of the continuum, while the "little school" model is closer to the professional educator in the classroom end of the continuum. One is not necessarily better than the other. The point of the continuum is that there is a range of appropriate contexts in which training is offered, and their effectiveness is greatest when they match and support the needs of the person or group receiving the training.

BEST COPY AVAILABLE

[6]The idea of a continuum has appeared in print in a Rhode Island study of relative care and in a Maine report on a "Quality Career Development Program"